

Name
in
Full

Kate America

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

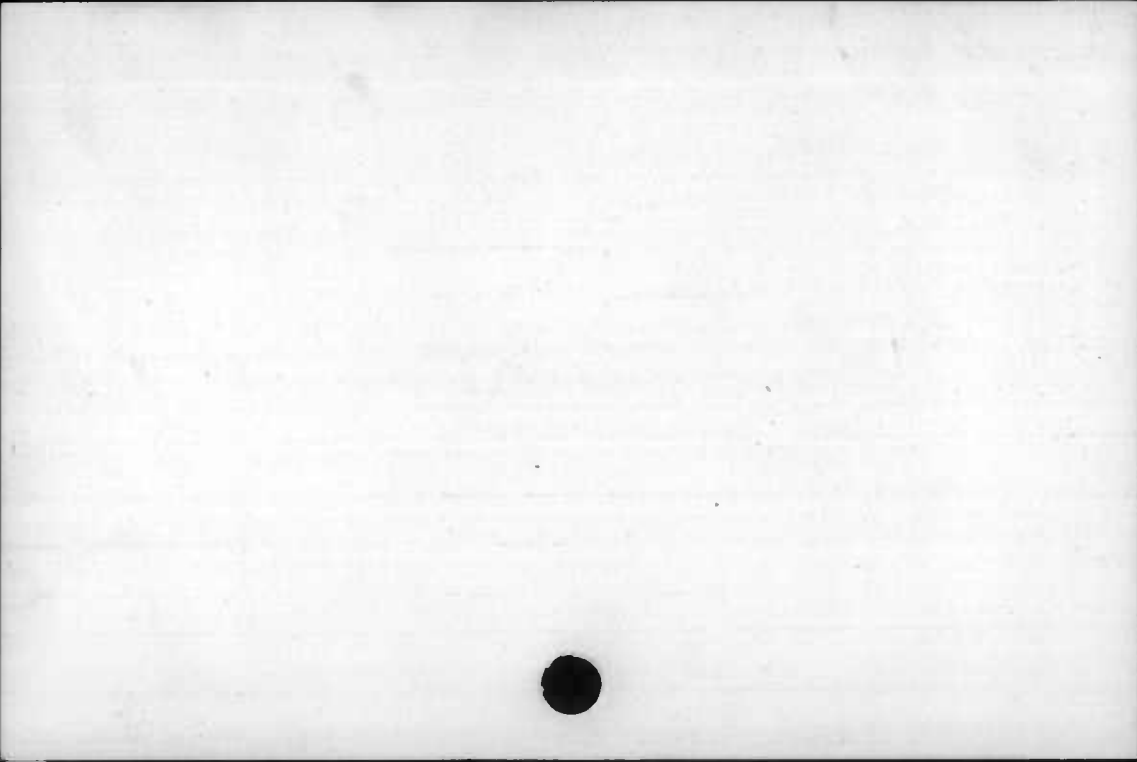
Died at		Town North Laurel		County Howard		MARYLAND	
Date of death		190	9	Month 5	Day 30	Age Years 28	Months —
Sex Female		Color or Race		Birth-place Howard Co.		Days	
Occupation House wife		Where Residing if not at place of death North Laurel					
Married, Single or Widowed Married		Name of Wife or Husband					
Father's Name Charles America		Father's Birthplace D. A. Co.					
Mother's Maiden Name Dellie Hopkins		Mother's Birthplace Howard Co.					
Name of person giving information Charles America		How related to deceased Father					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Tuberculosis	How long	6 mo
Immediate	Hemorrhage	How long	2 days
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		W. F. Taylor M. D.	
Address		Laurel 2nd	
Accident or Suicide?			



Name
in
Full

William Bauman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Elkridge</i> Town		<i>Howard</i> County		MARYLAND	
Date of death	<i>1909</i> Month	<i>May</i> Day	<i>20</i> Age	<i>1/2</i> Years	<i>hour</i> Months
Sex	<i>male</i>	Color or Race	<i>white</i>	Birth-place	<i>Elkridge Md.</i>
Occupation	—		Where Residing if not at place of death	<i>Elkridge Md.</i>	
Married, Single or Widowed	<i>single</i>	Name of Wife or Husband			
Father's Name	<i>Wm J. Bauman</i>			Father's Birthplace	<i>Elkridge Md.</i>
Mother's Maiden Name	<i>Feresa Lucraticia A. Trauma</i>			Mother's Birthplace	<i>Elkridge Md.</i>
Name of person giving information	<i>Wm J. Bauman</i>			How related to deceased	<i>father</i>

CAUSES OF DEATH

176

PHYSICIAN
OR CORONER

Primary	<i>difficult labor with injury to head</i>	How long	<i>30 minutes</i>
Immediate	<i>none</i>	How long	<i>none</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Arthur Williams</i>
		Address	<i>Elk Ridge Md</i>
Accident or Suicide?	<i>no</i>		

Wm B. Brothers

428 Frederick Ave
Balto. Md.

Harry I. Trainor

Manager

Elkridge - Md.

Name
in
Full

Rosanna Coursey.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Cooksville.* Town*Haiward* CountyDate of death *1909* Month *May*Day *6th.* Age *63* Years

Months

Days

Sex *Female*Color or
Race*White*Birth-
place*Cooksville, Md.*

Occupation

*House wife.*Where Residing if not
at place of death*Cooksville.*Married, Single
or Widowed*Married*Name of Wife or
Husband*Robt H Coursey.*Father's
Name*Daniel Lemmon.*Father's
Birthplace*Ireland.*Mother's
Maiden Name*Rosanna Lemmon.*Mother's
Birthplace*Haiward Co. Md.*Name of person giving
In formation*Young Rose Coursey*How related
to deceased*Daughter*

CAUSES OF DEATH

10

Primary

Heart & Kidney disease

How long

Several years

Immediate

Grip & Nephritis

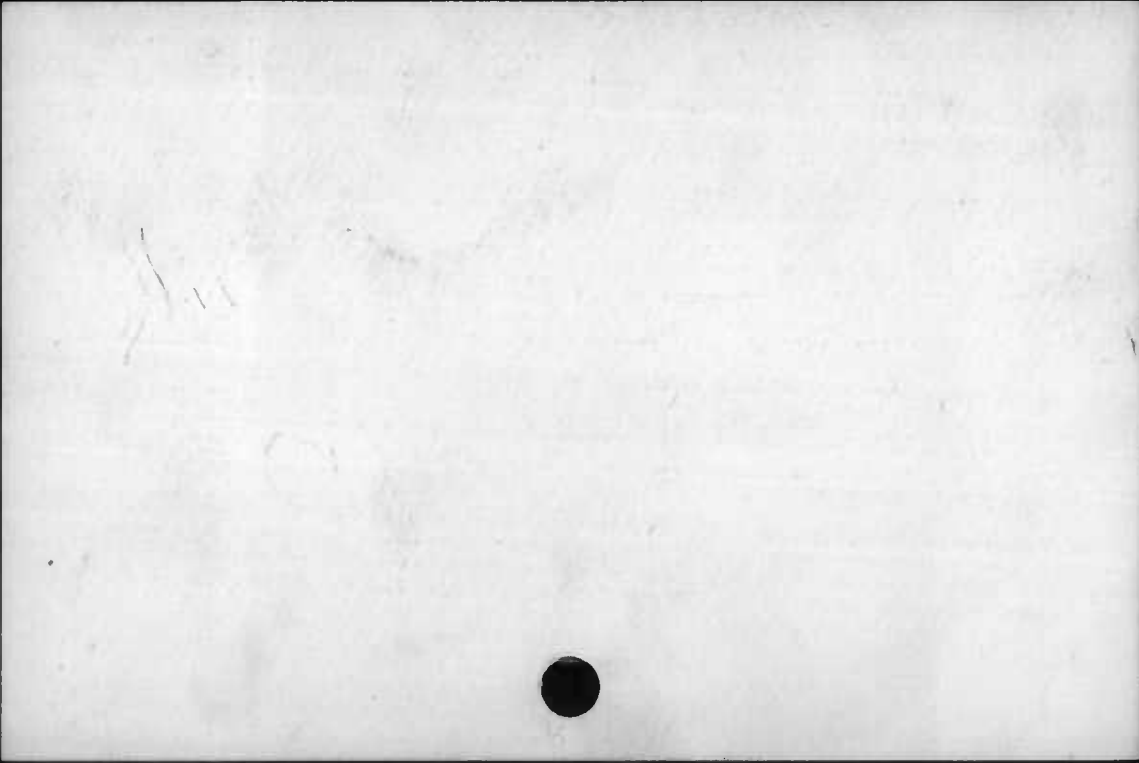
How long

*Two weeks*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician

Address

*J. W. Pacy**Linton.**Md.*

Accident or Suicide?



Name
in
Full

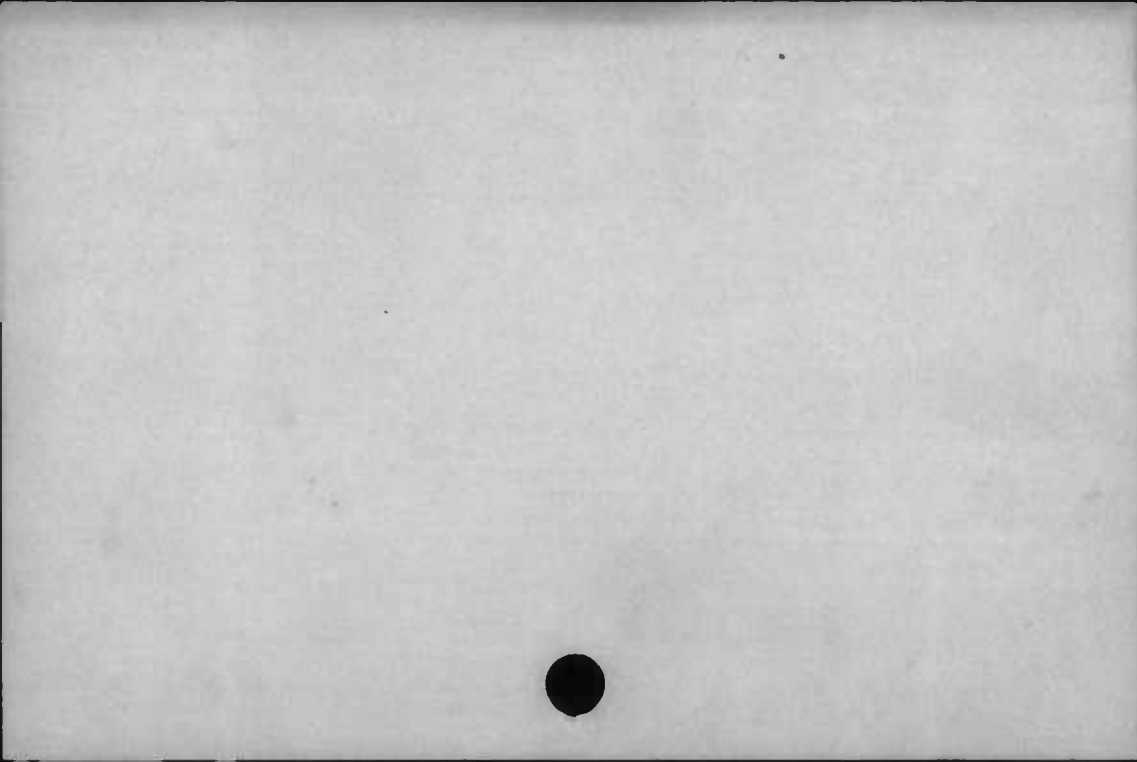
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Nellie Cordelia Hill</i>		Town <i>Elkridge</i>		County <i>Howard</i>		State <i>MARYLAND</i>	
Died at <i>Elkridge</i>		Date of death <i>1909 May 16th</i>		Age <i>15</i>		Months <i>6</i> Days <i>15th</i>	
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Elkridge</i>		Where Residing if not at place of death <i>Elkridge</i>			
Occupation <i>Home duties</i>		Where Residing if not at place of death <i>Elkridge</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>none</i>					
Father's Name <i>Thomas P. Hill</i>		Father's Birthplace <i>Elliott City</i>					
Mother's Maiden Name <i>Annie M. Gray</i>		Mother's Birthplace <i>Elkridge</i>					
Name of person giving information <i>Jesse M. Hill</i>		How related to deceased <i>Brother</i>					
				CAUSES OF DEATH		93	

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia & Empyema</i>	How long	<i>2 weeks</i>
Immediate	<i>same</i>	How long	<i>same</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Arthur Williams</i>	
<i>yes</i>		Address <i>Elk Ridge Md</i>	
Accident or Suicide? <i>no</i>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

William Andrew Jackson Isaac

Died at

Ellicott City

Town

Howard

County

MARYLAND

Date

of death 1909

Month

May

Day

11

Age

Years

92

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Maryland

Occupation

Retired

Where Residing if not
at place of deathMarried, Single
or Widowed

Widowed

Name of Wife or
Husband

Susan. Oliver

Father's
Name

John Isaac

Father's
Birthplace

Maryland

Mother's
Maiden Name

Elizabeth Moore

Mother's
Birthplace

Maryland

Name of person giving
Information

Rev. Frank R Isaac

How related
to deceased

Son

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary

Old age

How long

Gradual

Immediate

Cardiac Asthenia

How long

about 6 years

Are the name, age, sex, color, date
and place correctly given above?

Yes.

Signature of
Physician

W. B. Gambrell

Address

Ellicott City, Md.

Accident or Suicide?



Name in Full Dimpie McDaniel		Town Woodstock		County Howard		CERTIFICATE OF DEATH	
Died at Woodstock		Month May		Day 10		Years 33	
Date of death 1909 May 10		Age 33		Months —		Days —	
Sex Female		Color or Race White		Birth-place La			
Occupation Housewife		Where Residing (not at place of death) Scuse					
Married, Single or Widowed Married		Name of Wife or Husband Elip McDaniel					
Father's Name Don't know		Father's Birthplace Don't know					
Mother's Maiden Name Don't know		Mother's Birthplace Don't know					
Name of person giving information Elip McDaniel		How related to deceased Husband					
CAUSES OF DEATH							
Primary Pulmonary Tuberculosis		How long 27		How long 2 years			
Immediate Exhaustion		How long few days		Signature of Physician H. J. Phillips			
Are the name, age, sex, color, date and place correctly given above? yes		Address Island					
Accident or Suicide? no		LIBRARY BUREAU 408616					



Name In Full		L. W. Munson				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Savage		County Howard		MARYLAND	
	Date of death	1909	Month J	Day 16	Age 17	Months 2	Days
	Sex	male		Color or Race	white		Birth-place
	Occupation	Bitum Mill work		Where Residing if not at place of death		Savage	
	Married, Single or Widowed	single		Name of Wife or Husband			
	Father's Name	William Munson				Father's Birthplace	md
	Mother's Maiden Name	Catherine Jones				Mother's Birthplace	md
	Name of person giving information	Mortimer Munson				How related to deceased	brother
<div>CAUSES OF DEATH</div> <div>27</div>							
PHYSICIAN OR CORONER	Primary	Pulmonary Tuberculosis				How long	1 year
	Immediate	Exhaustion				How long	prognostic
	Are the name, age, sex, color, date and place correctly given above?	yes				Signature of Physician	William m.d
						Address	Savage
	Accident or Suicide?	mistake					md



Name
in
Full

William Penn

CERTIFICATE OF DEATH

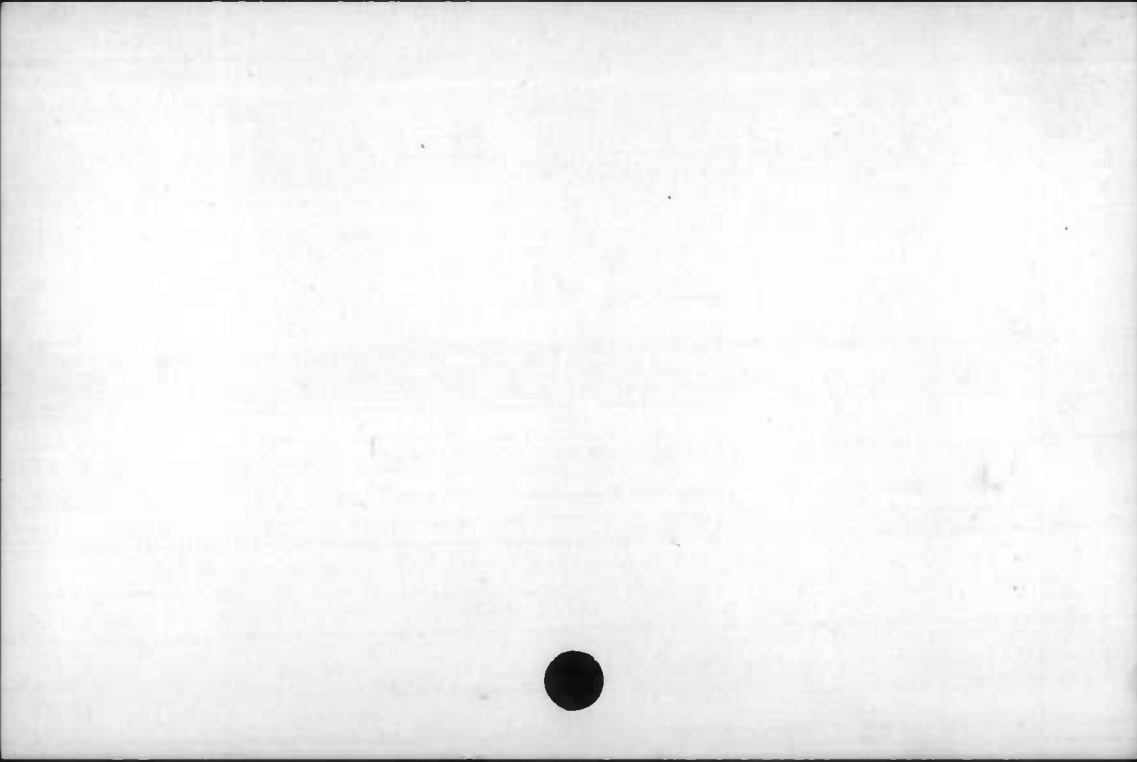
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Ivory</u> Town		<u>Howard</u> County		MARYLAND	
Date of death <u>1909</u>	Month <u>May</u>	Day <u>7th</u>	Age <u>56</u>	Years <u>56</u>	Months <u></u> Days <u></u>
Sex <u>Male</u>	Color or Race <u>white</u>		Birth-place <u>Montgomery Co Md</u>		
Occupation <u>Farmer</u>		Where Residing if not at place of death <u>died at home</u>			
Married, Single <u>Single</u> or Widowed		Name of Wife & <u>Isabelle Beckard</u> <u>Md</u> Husband			
Father's Name <u>Reuben Penn</u>			Father's Birthplace <u>Montgomery Co</u>		
Mother's Maiden Name <u>Nancie Beckard</u>			Mother's Birthplace <u>Do</u>		
Name of person giving information <u>Louzey Penn</u>			How related to deceased <u>Son</u>		

CAUSES OF DEATH

10 about 6 weeksPHYSICIAN
OR CORONER

Primary <u>Nephritis, Influenza, apoplexy</u>	How long <u>about 6 weeks</u>
Immediate <u>Coma</u>	How long <u>about 3 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Benj. F. Shipley M.D.</u>
	Address <u>Alpha</u>
	<u>Howard Co Md</u>
Accident or Suicide? <u></u>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Louisa J Pierce

Town *Ellicott City* County *Howard* MARYLAND

Died at *Ellicott City*

Date of death 1909 *May* Month *30* Day *71* Age *6* Months *no* Days

Sex *Female* Color or Race *White* Birth-place *Balto. Co.*

Occupation *Housewife* Where Residing if not at place of death *Ellicott City*

Married, Single or Widowed *Widowed* Name of Wife or Husband *Ephraim Pierce*

Father's Name *James Lee* Fether's Birthplace *Balto. Co.*

Mother's Maiden Name *Charlotte Lee* Mother's Birthplace *Balto. Co.*

Name of person giving Information *Ira Rose* How related to deceased *Son-in-law*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Mitral Insufficiency* How long *A year or more*

Immediate *Cardiac Paralysis* How long *Suddenly*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Wm B Chambers*

Address *Ellicott City Md*

Accident or Suicide



116

Name
in
Full

William Albert Rudkin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Guilford* Town*Howard* CountyDate of death *1909* Month *May*Day *28th*Age *8* YearsMonths *6*Days *13*Sex *male*Color or Race *white*Birth-place *Guilford*Occupation *none*Where Residing if not at place of death *Guilford*Married, Single or Widowed *Single*Name of Wife or Husband *none*Father's Name *Robert Rudkin*Father's Birthplace *England*Mother's Maiden Name *Mary Margaret Lowery*Mother's Birthplace *Guilford*Name of person giving information *mother - Mrs Robt Rudkin*How related to deceased *mother*

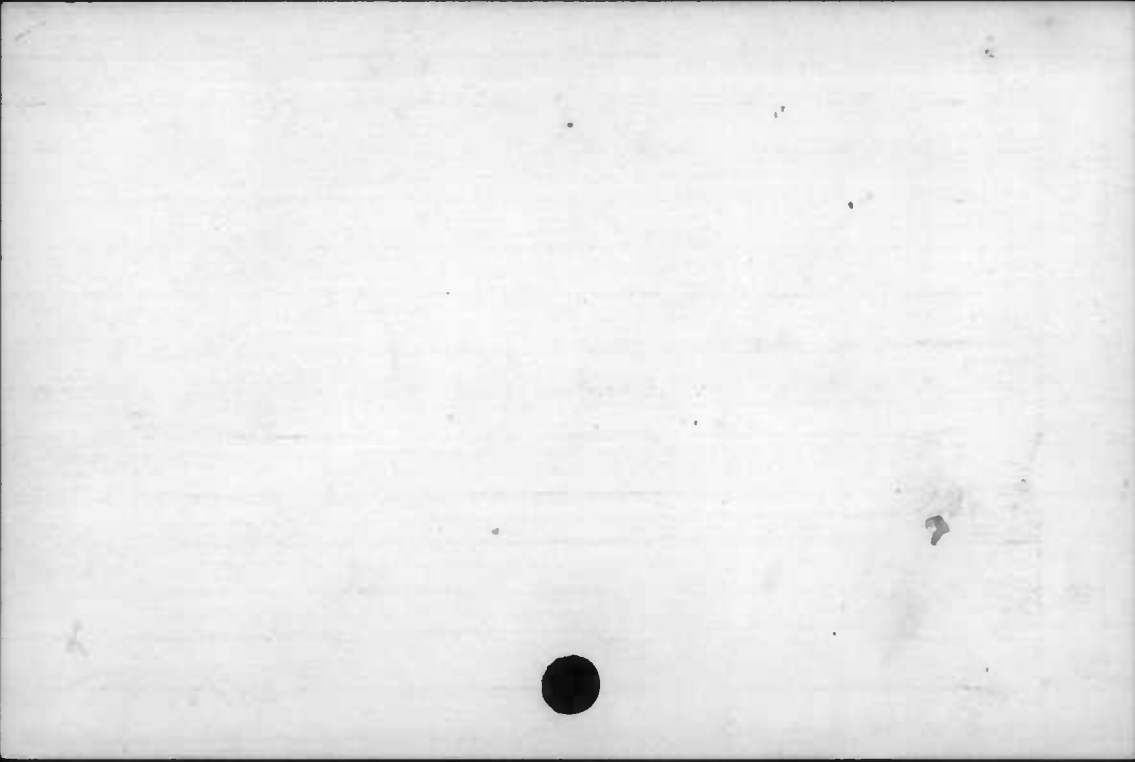
CAUSES OF DEATH

Primary *Typhoid. Fever*How long *6 weeks*Immediate *Exhaustion*How long *one week*Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address *Chas. Tymbelson MD
Guilford Md.*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Stanley J. Thompson</i>		County <i>Haward</i>		MARYLAND							
Died at <i>Jones Town</i>		Month <i>May</i>		Day <i>23</i>		Years <i>no</i>		Months <i>10</i>		Days <i>2nd</i>	
Date of death <i>1902</i>		Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>		Occupation <i>none</i>		Where Residing if not at place of death <i>Dayton</i>	
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>none</i>		Father's Name <i>Levis E. Thompson</i>		Father's Birthplace <i>Maryland</i>		Mother's Maiden Name <i>Martha H. Gullump</i>		Mother's Birthplace <i>Maryland</i>	
Name of person giving Information <i>Levis E. Thompson</i>		How related to deceased <i>father</i>									

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <i>Acute Entero-toxic</i>	How long <i>4 days</i>
Immediate <i>Convulsions</i>	How long <i>5 hours</i>
Are the name, age, sex, color, data and place correctly given above? <i>yes</i>	Signature of Physician <i>Wm. B. Brambrill</i>
	Address <i>Bellicott City, Md.</i>
Accident or Suicide	

743

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

William O Wells

Died at **Woodstock** ^{Town} **Howard** ^{County} **MARYLAND**

Date of death **1909** ^{Month} **May** ^{Day} **18** ^{Years} **39** ^{Months} **—** ^{Days} **—**

Sex **Male** Color or Race **White** Birth-place **Maryland**

Occupation **Laborer** Where Residing if not at place of death **Woodstock**

Married, Single or Widowed **Married** Name of Wife or Husband **Leah Sullivan**

Father's Name **Robert Wells** Father's Birthplace **Maryland**

Mother's Maiden Name **Lavinia Bryant** Mother's Birthplace **Maryland**

Name of person giving Information **George H Wells** How related to deceased **Brother**

CAUSES OF DEATH

166

How long

PHYSICIAN
OR CORONER

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

William H. Kelly coroner

Elliot City md

Accident or ~~suicide~~



246